## **VERIFICATION OF LICENSE/EXAM SCORES - CPA**

Access this form via website at: hawaii.gov/dcca/pvl

	Name (First, Middle)	(Last)		Social Security No.		
				,		
	Mailing Address (Include Apt. No., City, State and Zip Code)		Date passed exam or exam parts:	Date Licensed (if applicable):		
⊢ z						
CA			License No. (if applicable):			
PLI						
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A	I hereby authorize the licensing agency of	the State of				
	to release the information below to the Hawaii Board of Public Accountancy.					
	Date:	SIGN HERE:				

	EXAM SCORES						
	EXAM DATE(S) (month/year)	AUD (Audit)	LPR (BEC) (LAW)	FARE (FAR) (THEORY)	ARE (REG) (PRACTICE)		
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U Z	IF A LICENSE WAS ISSUED, CONTINUE. IF NOT , SIGN BELOW AND MAIL DIRECTLY TO HAWAII BOARD.						
AGE	1. Is license current? YES N						
ט	2. Has license been current for at least 10 years from today?						
SIN	DATE LICENSED: EXP. DATE:						
Z ш							
<u> </u>	3. Has the licensee been in active practice for at least 5 of the last 10 years from today?						
_	4. Has the license ever been revoked, suspended, or otherwise subjected to disciplinary action?						
	5. Is license currently being investigated or is there any disciplinary action pending?						
	Name and Address of Licer	nsing Agency:					
	Signature						
			-	Title	Date		

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

**BOARD SEAL**